

## TCEQ Revised Total Coliform Rule (RTCR) Drinking Water Laboratory Checklist

| Lab Name:                        |                |  |  |
|----------------------------------|----------------|--|--|
| NELAP Accreditation Certificate: |                |  |  |
| Mailing Address:                 |                |  |  |
| Primary Lab Contact              | Name:          |  |  |
|                                  | Role:          |  |  |
|                                  | Email Address: |  |  |
|                                  | Phone Number:  |  |  |
|                                  |                |  |  |

| Program Requirements |  |  |  |  |
|----------------------|--|--|--|--|
| 1.                   | □ Yes □ No   | Does your lab supply sample containers for sample collection?  |  |  |
| 2.                   | □ Yes □ No   | Are sample containers sterilized within your lab?  |  |  |
| 3.                   | □ In-house □ Vendor                                      | Are your containers prepared in-house or obtained from a vendor?   |  |  |
| 4.                   | □ Yes □ No   | Does your lab check the accuracy of the required 100 mL gradation mark?  |  |  |
| 5.                   | □ Yes □ No   | Does your lab test your sample bottles for sterility?  |  |  |
| 6.                   | □ Yes □ No   | Does your lab test for dechlorinating agent (sodium thiosulfate) effectiveness?  |  |  |
| 7.                   | □ Yes □ No   | For bottles obtained from a vendor, does the vendor's <i>lot specific</i> certificate of analysis address questions #4-6?              |  |  |
| 8.                   | □ Yes □ No   | Does your lab adhere to the 30 hour hold time for RTCR samples?  |  |  |
| 9.                   | □ Yes □ No   | Does your lab report results to TCEQ electronically via E2?  |  |  |
| 10.                  | □ Yes □ No   | Do bottle labels include: PWS ID number, sample collection date & time, sampler's initials, and address/location of collection site?   |  |  |
| 11.                  | □ Yes □ No   | Is <b>every</b> sample received checked for the absence of a chlorine residual?  |  |  |
| 12.                  | ☐ TCEQ MRF ☐ Alternate                                   | Does your lab utilize the TCEQ's Microbial Reporting Form (#10525) or an alternate form?   |  |  |
| 13.                  | □ Yes □ No   | If your lab submits electronically and is using an alternate form, was it approved by TCEQ?  |  |  |
| 14.                  | □ Yes □ No   | Does your lab report rejected samples to TCEQ?   |  |  |
| 15.                  | □ Yes □ No □ NA  | If your lab collects samples, do those samplers hold valid water operator licenses?  |  |  |
| 16.                  | □ Yes □ No □ NA  | If your lab collects samples, do you have TCEQ Water Supply Division approval to conduct field measurements for disinfectant residual? |  |  |
| 17.                  | What analytical method(s) does your lab use?             |  |  |  |
| 18.                  | . How long (years) does your lab retain testing records? |  |  |  |

Please include a copy of the Microbial Reporting Form (MRF), Positive Result Report Form and an example of the sample bottle label that your lab is currently utilizing as part of the response with this checklist.